

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030094

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7450

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 25 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF
1		
2	215	
3	2	
4	1	
5	1	
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7	0	
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9		
10		
11		
12	50.0	
13		
50		

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 16 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If outside, give location) 4459 Taft Ave.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Dora James		4. DATE OF DEATH Month July Day 17 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/17/1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Butler County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Will Boxx		13b. MOTHER'S MAIDEN NAME Mary Appleby	
14. NAME OF HUSBAND OR WIFE Arvil James		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	
16. SOCIAL SECURITY NO. Nil.		17. INFORMANT Arvil James, 4459 Taft, Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease DUE TO (b) Chronic Glomerulonephritis DUE TO (c) & Hypertension		INTERVAL BETWEEN ONSET AND DEATH July 15/63	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 59.2x		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:50 P Month, Day, Year July 17-1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis	
20g. COUNTY St. Louis		20h. STATE Missouri	
21. I attended the deceased from July 5-1963 to July 17-1963 and saw her alive on July 17-1963 Death occurred at 9:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H.S. Moore MD		22b. ADDRESS 917-5018	
22c. DATE 7-20-63		22d. LOCATION (City, town, or county) Mills Spring, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-20-63	
23c. NAME OF CEMETERY OR CREMATORY Carson Hill Cemetery		23d. LOCATION (City, town, or county) Mills Spring, Mo.	
24. FUNERAL DIRECTOR Gish Funeral Home, Piedmont, Mo.		25. DATE RECD. BY LOCAL REG. JUL 19 1963	
26. REGISTRAR'S SIGNATURE Head Smith, M.D.		27. DATE July 19-1963	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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